DOCUMENT RESUME

ED 025 806 CG 003 468

By-Todd, Frances R.; And Others
Comprehensive Pupil Services for all Children.
Allegany County Schools, Pittsburgh, Pa.
Spons Agency-Office of Education (DHEW), Washington, D.C.
Pub Date 31 Aug 68
Note-46p.
EDRS Price MF-$0.25 HC-$2.40
Descriptors-Demonstration Programs, *Mental Health Programs, *Program Evaluation, *Psychoeducational Processes, Psychological Services, *Student Personnel Services, Student Teacher Relationship, Teacher Seminars

The designers of this project attempted to bring together the expertise of both educational and mental health disciplines into a method which maximizes the coping potential of school children. Instruments used in evaluating its effects included the Michigan Rating Scale for Pupil Adjustment, the Minnesota Teacher Attitude Inventory, an autobiographical questionnarie, a clinical assessment guide, a case load analysis, a statistical report, and a terminal questionnaire. The first year of this program has produced (a) changes in students with behaviorally based learning problems, (b) changes in the attitudes and practices of school perscnnel toward such students, (c) better coordination between school and community on mental health matters, and (d) increased administrative support of expanded pupil services. (KP)

ED025806

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

COMPREHENSIVE PUPIL SERVICES FOR ALL CHILDREN

ALLEGHENY COUNTY SCHOOLS

September 1, 1967 - August 31, 1968

Frances R. Todd, M.S.W.
Joseph W. Eaton, Ph.D.
Sally Madaras, M.Ed.

CG 003 468

COMPREHENSIVE PUPIL SERVICES FOR ALL CHILDREN

September 1, 1967 - August 31, 1968

For the past twenty-five years "mental health professionals" have made forays into public schools with the goal of preventing and remedying emotional difficulties in the young population through early identification and intervention. During the same era, "pupil personnel" services have been growing in public schools. Guidance counselors, social workers, nurses, psychologists, psychiatrists and others have been added to school staffs in a hit or miss manner. Little prior planning or study has preceded either the mental health efforts or the pupil personnel bandwagon. This is not necessarily a negative sequence of events, however. There must have been a need for ancillary specialists to help teachers and parents understand and work with those children whose requirements were unique. The spontaneous growth of these services attests to their acceptance and propriety. The trial and error approach has its merits, as mistakes can be seen in retrospect and new services planned so as to prevent the errors of the past.

The West Central Pupil Personnel Project in Allegheny County is so called with a purpose. Experience shows that "school mental health" programs have often failed because they tried to bring the clinic into the school. The medical model of full clinical diagnosis and one to one treatment procedures has failed to take root in the educational system. On the other hand, pupil personnel services have not fully utilized non-educational disciplines in trying to deal with personal problems deterring learning. While there are exceptions, nurses, guidance counselors and, above all, teachers are not supplied with enough training from the mental health field to adequately fulfill their pupil personnel functions.

Obviously, the two movements, both geared to helping the school child, should be melded and provide a mutually beneficial and dynamic service to the public. The mental health consultant who has presented himself as an outside expert and who has been unaware of the unseen and informal mental health role of teachers has only muddied the waters and been rejected. The pupil personnel worker who has felt that his training fully prepared him for what he was called upon to do was equally ineffective.

The designers of the West Central Pupil Personnel Project elected to come into the school system as an "educational," rather than a "mental health" component. If, indeed, the various psychotherapeutic methods are re-education of an individual toward improved functioning, "school mental health" belongs in the educational milieu. If therapists are teachers, certainly, teachers are therapists. It is hoped that the three years alloted to the staff of this pupil personnel project to demonstrate a workable way of helping school children adjust and learn will be sufficient to provide a model which can be used with variations everywhere.

This model is an attempt to bring together the expertese of both educational and mental health disciplines into a method deeper and broader than either, a method which maximizes the coping potential of school children and future citizens.

In analyzing the progress of this project in the first year and planning for the next two, a pragmatic approach has been used in order to evolve a practical procedure which can be slipped into the existing structure without too much disruption. Any changes have been brought about because of the realities of the situation and certain uncontrollable circumstances. The adjustments made have not appeared to alter the end result or dilute the impact of the program on the system. As we move into the second year, certain alterations will be effected which should represent improvements and help to demonstrate the workability of this method.

1. Changes in Staff

No funds have been requested for psychological time for the coming year. The original plan for a full clinical team to conduct all seminars proved to be impractical for a variety of reasons. The difficulty of finding a qualified clinical psychologist who possessed the philosophy and skills of the other team members in group leadership was a factor in purposely limiting the role of the psychologist. Dr. Goldhammer, who during the first year was the official psychologist on the staff, did possess these skills, but his one day a week availability limited him to assignment to only one of the three groups, into which the twenty-four trainees were divided. His untimely death in the middle of the year was one of the uncontrollable circumstances which faced the project.

During his tenure in the program, however, Dr. Goldhammer demonstrated forcefully that the group leadership role can be taken effectively by representatives of any of the mental health disciplines and that all three (psychiatrist, psychologist, social worker) are not essential for a successful program. He also demonstrated that psychological testing was very often a useless and sometimes harmful procedure and the psychologist's use of himself did not differ appreciably from that of other team members. The only exception would be the necessity for medical authority from the psychiatrist on occasion or confirmation by psychological testing of suspected specific disorders. All team members have felt that there should be at least two of the "mental health" disciplines represented on the consultant staff and the third discipline should be involved periodically when needed.

To further substantiate this position, it was found at the end of the year that 233 of the 377 (62%) children served had already been tested (some many times). In the opinion of the clinical team only 8 of the 377 children required current testing for a particular reason. Various resources for psychological testing are available to the schools and can be utilized if needed. A psychologist oriented to group leadership and consultation can enrich the staff, but testing service is not needed and a psychologist per se is unnecessary.

Another factor in the decision to discontinue the inclusion of a psychologist was the fact that most qualified psychologists and psychiatrists are available for only part time and thus do not have the interest of a full time person. The commitment and dedication of our part time psychiatric consultant in this project has been unusual. The ten hours a week time, also is much more than the half day a week psychiatrists usually are available. The three social workers who are full time are more invested than they would be if they were only part time consultants and are always readily available to project participants in their work with students.

The personal relationship between the participant and the consultant has appeared to be a significant factor in the growth and change in the trainees. On the Terminal Questionnaire a number of participants listed a personal relationship with a consultant as their most meaningful experience. A program of this kind cannot succeed unless there are sufficient full time mental health consultants to maintain continuity and follow up with the participants, their administrators, and their students through on-going relationships.

Every participant had at least one weekly conference with a social worker in regard to children served and, in addition, at points of crisis or times of intensive case activity. Social workers also served to fill in with direct service in interviewing parents, arranging agency conferences, conferring with principals, and demonstrating case work techniques in an educational setting. The full time staff provided the hub from which emanated the many spokes of the wheel of the project. The addition of a third social worker in February was a most vital step in keeping the program going and achieving the desired results. All participants then had a social worker to assist them and give the necessary depth to their activities.

The role of the psychiatrist has followed the presumption outlined in the original proposal that ten hours a week would be adequate. It has developed, however, that this is not sufficient time if a psychiatrist is to function in the manner of Dr. Berkowitz last year. It is necessary for flexibility of activity to be maintained in order for all appropriate people in the educational system to be kept abreast of developments and for diagnostic services and management direction to be furnished the children served. The one psychiatrist in ten hours a week interviewed children and parents on occasion; acted as co-leader to all three seminar groups; gave regular consultation to collaborating agencies; conducted case conferences in schools for non-participants; provided advice to all seven districts in mental health matters; contributed to community education by speaking to P.T.A.'s and other groups; interpreted the program to the psychiatric community; and disseminated information about the project outside the city and state. If it had not been for the two third year psychiatric residents assigned to the project who helped out in the co-leadership of the

seminars, there would often have been a missing ingredient. In the coming year the County Schools will provide a half day a week additional psychiatric time, so that each of the three groups will have the same psychiatrist present for every session throughout the year.

For a time during the year it appeared that a research assistant was needed to collect and interpret data which was being accumulated. In March the Evaluation Committee recommended that descriptive reporting would be more valuable than "hard" research in assessing the merits of the project. As a result, we did not include a full time research assistant in the budgetary request for the next two years. A part time assistant, however, was used at the end of the year in August, 1968, to complete the scoring and analysis of the instruments employed. The results are found in the second part of this report.

During the last year the sociologist consultant contributed heavily to the learning of the staff in deepening their understanding of systems behavior and means of coping with institutional conditions. This item, however, has been eliminated from the budget as a luxury which is significant but less essential in view of the advanced sociological orientation of the existing staff.

Thus, we have found the need for an additional full time social worker and four more hours a week of psychiatric time. In order to stay within overall budget limitations, it has been necessary to leave out something to make room for this additional staff. The psychologist, research assistant, and sociologist have, therefore, been eliminated for at least the next six months.

2. Number of Students Served

The original proposal stated that 500 students per year would be served. This was based on caseloads which had been possible in other similar projects. Actual practice, however, cast a different light on the numbers aspect. The pursuit of excellence in case recording, data collection, and time needs of children on the part of the participants resulted in a lower caseload per worker than was anticipated. This also reflects a greater intensity of involvement and more thorough work.

Another factor in terms of children reached should be interpreted. The 377 cases reported as the project caseload represent those children formally identified for whom a definite treatment plan was formulated and pursued. This does not represent, however, all the children served by a teacher participant, as all children with whom she worked were not formally identified or given intensive service. For example, one teacher had a formal caseload of 10. Her class was made up of 30 children and her building of 420. Throughout the year, she applied her growing understanding and enabling techniques to all her students and acted as consultant to every teacher in her building. In this sense, then, she served 420 children rather than 10.

Experience now shows that participants profit more by intensive service to a limited number of students, but can serve larger numbers through their teaching and consultative roles. The answer to the question, "How many children are served?" is difficult, but the 18,000 students in the geographical area of the project could be presumed to benefit from having teachers and administrators knowledgeable in human behavior. Individual differences being what they are, the next group of participants may be able to handle a larger caseload, but quality will never be sacrificed for quantity.

3. Time of Participants in Project

a. When this proposal was first written, it was anticipated that teachers would have substitutes for one half of the school day every day for a year and other personnel* would have substitutes for one third of the school day every day for a year. As things worked out, qualified substitutes were obtained for all teachers but substitutes for nurses and guidance counselors could not be secured for this full amount of time and various arrangements were made. One nurse was able to secure a substitute for two half days a week. This released her for the seminar meetings and a conference afternoon. Nursing duties in a small district were not heavy and children all lived close to the school. This nurse carried 16 cases and had enough time in her regular schedule with a substitute two half days and on special occasions to make home visits, keep case records, and to participate fully in the project. Guidance counselors, home and school visitors, and administrators, who do much pupil personnel work in their regular duties were able to fulfill responsibilities by being paid for any overtime on nights and weekends which was needed for record keeping, preparation of reports, and meetings.

The matter of time will be further evaluated during the next two years, but it can be seen at this point that the amount of released time required for each individual in a project such as this has many variations. All participants expressed satisfaction at being able to study behavior while they were on the job and dealing with children every day. The feature of providing real in-service training in regard to every day problems while they are being experienced is the very heart of this program. The amount of released time depends, however, on the content of the person's regular work, size of district, variety of duties, organizational ability, and number of children served. According to the standardized and other instruments, there was no significant relationship in the attitudinal change or benefit to the students between those with half time substitutes and those with less than half time substitutes.

The implications of this finding are that this project can be reproduced without large sums of money being required for substitutes. In the second year we will be spending more for well qualified consultants and less for substitute time. The services of a consultant team can provide the basic elements of a program for seven to ten districts without too much cost to anyone.

---

*guidance counselors, nurses,
home & school visitors, administrators.

b. The Evaluation Committee recommended that provision be made for project participants to continue some connection with the project after the conclusion of the first year's experience. Six of the trainees from last year will maintain a formalized participation next year by continuing to attend weekly seminars and having weekly conferences with social workers concerning children to whom they are giving special attention. In addition, there will be twenty-one new trainees, making a total of twenty-seven. Those participants in their second year will further deepen their knowledge and also help the newer members of the group.

c. The practice of including school personnel not formally affiliated with the project in the clinical seminars from time to time will be continued. As interest in the project increases in some districts, more and more guests will be included in meetings. The matter of feedback and communication has presented some problems. In varying degrees people not in the project felt that they did not know what was going on and did not see that students referred were doing much better.

Upon examination of individual situations, it appeared that there were several factors involved. (1) Some participants possessed greater communications skills than others and were more secure in their relations with other faculty. (2) Some negative attitudes of referrants were difficult to change. (3) Expectations of what could be accomplished with a very disturbed child in one year were unrealistic. (4) In those cases where students improved most dramatically the teacher-therapist possessed intuitive talents which were superior. (5) Support and cooperation of principals and administrators was always a factor in successful cases.

In the coming year several steps will be taken to improve feedback to personnel not in the project. (1) More emphasis will be placed on developing the consultation skills of the project participants. They will be specifically trained in initiating reporting to their collegues and encouraging the activity of others in behalf of the children served. (2) The format of administrators' meetings will be changed to center around case presentations by project participants. (3) Regular written reports of case activity will be prepared for administrators and other interested personnel. (4) Guest attendance at seminars will be increased.

4. <u>Timing of Project Beginning</u>

Notification of approval of the project in late August, 1967, proved to be a handicap in the mechanics of getting started on September 1st. Many things could have been done differently and more adequately if there had been more time. In this coming year we will be able to eliminate some of the hazards of lack of sufficient preparation. Specifically these are:

a. Preliminary interviewing of participants to determine their suitability for the program and to interpret fully the goals and methods.

b. Longer orientation period for participants in explaining mechanics, learning to use forms, and more control over administration of tests used for evaluation.

c. Establishment of better understandings with administrators concerning project expectations as well as mechanical matters.

d. Better coordination with other mental health programs in the County Schools.

e. Community Labs and field trips finalized and arranged for before school starts.

f. More time and thought given to composition of groups to achieve harmony and balance.*

g. Better planning for literature seminars.

5. Student Teachers and Graduate Internes

There have been several discussions throughout the year on the matter of including student teachers in this program. This is mechanically very difficult because the programming for the students is handled entirely by the training institution and not the district in which students are placed. Efforts will be made this next year, however, to work through the School of Education at Duquesne University to make a beginning in this area.

In furtherance of collaborative training endeavors, we will have as a trainee a third year resident in child psychiatry. Other psychiatric residents or social work internes may be assigned later in the year.

6. Special Education

It has been repeatedly noted that special education teachers have a particular need for training from mental health consultants. Emotional disturbance is often a primary problem or compounds other problems in children in special education classes. Arrangements have been made to include two special education teachers in the project this next year.

7. Evaluation Committee Recommendations

The following recommendations of the Evaluation Committee and actions taken in regard to each suggestion are as follows:

---

*In 1967-68 groups had to be restructured in December.

a. Recommendation

"Additional study of evaluation procedures and instruments should be undertaken. It would appear that the desired outcomes of this Project are 'changes in the behavior of children and their teachers.' Traditional instruments and techniques for gathering data are likely not to be adequate. Data descriptive of teacher and pupil behavior may be the most important data for the assessment of the effectiveness of this Project. Attention must be paid to the gathering of this kind of data. It is desirable that 'consultative help' be secured for the definition of ways and means for securing and analyzing much information relative to changes in teacher and pupil behavior."

Action

The advice of the Evaluation Committee that more reliance be placed upon descriptive data than upon such tools as standardized instruments is being followed. The formal pre and post use of the Michigan Rating Scale for Pupil Adjustment and Minnesota Teacher Attitude Inventory will be continued. A statistical report in widespread use in this area has been substituted for the Pupil Classroom Behavior Scale. In the second year there will be more precision and closer supervision of the administration of the above mentioned instruments and the Autobiographical Questionnaire, Terminal Questionnaire, and Case Load Analysis.

Greatest weight, in evaluating the merits of the program, however, will be placed upon case records, minutes of meetings, observations of experts and follow up on students and teachers a year after the experience. Specialists from several fields on the Advisory Committee will be used as consultants in systematizing the descriptive data accumulated.

b. Recommendation

"Many of the present participants in the Project would like to retain some ongoing relationship to it in the days ahead. The Staff might well provide periodic Seminars in which 'this year's graduates' may assist 'next year's students' with some of their more difficult behavioral studies.'"

Action

See 3b. on page 6.

c. Recommendation

"Transfer of some monies within the budget for the project should be arranged so that participants may receive reimbursement for travel involved in Project activities."

Action

This year's budget allows for travel expenses for participants. Last year distances necessary to travel to seminars, on home visits, to community labs, and field trips caused trainees to incur personal expenses for which they could not be reimbursed. The amount of money is small, but the effect on morale is significant and this gesture will be a realistic help.

d. Recommendation

"The Advisory Committee should be utilized to greater degree in the further operation of the Project."

Action

The Advisory Committee is being restructured to include more educators specifically involved in Pupil Services. Some members have left the city or retired from practice and will be replaced by persons more active in the field. Advisory Committee meetings will be held more frequently (at least one a month). The place of meeting will be changed to Sacred Heart School at Emsworth within the project environs and at a participating school. Luncheon meetings will be arranged and a closer tie to the project provided.

e. Recommendation

"The relationship of the Staff and Project to the Staff and activities involved in the Mental Health Services in the rest of Allegheny County should be described more clearly."

Action

Relationships of the project to the other Mental Health Services in the County Schools have been considerably clarified during the past six months. The Project Director also serves as Coordinator of Mental Health Services for Allegheny County Schools, as the Project is considered a component of the total Mental Health Program. In addition to the Project, there are four other teams of social workers and psychiatrists providing consultation and in-service training to other

clusters of districts in other parts of the County. During the first year of the Project the Director was unable to carry on the responsibilities of getting the program off the ground and also to keep in close touch with the remainder of the County Program. For the past several months joint staff meetings have been held, joint planning conducted, and more cohesion of activities effected.

As an example of coordinated services, the County Mental Health Staff has organized monthly in-service meetings of all Pupil Service Workers in the County with programs provided by experts in the social and psychological sciences. This year this program will be combined with the Community Labs of the Project with all personnel joining in the monthly meetings.

f. Recommendation

"The administrators of the participating schools and school districts should be involved more actively in extension of the Project."

Action

Steps taken to involve the administrators of the participating districts more actively in extension of the Project include:

(1) More frequent individual conferences between administrators and social workers concerning case situations and evaluation of progress of participants.

(2) More consultations with individual administrators concerning overall planning for the Project.

(3) Invitations to administrators to attend clinical seminars.

(4) Plans to change program of administrators' meetings to case conference format with an active participant presenting case material.

(5) Changing meeting place to project office and holding to pre-arranged monthly meeting dates.

(6) Increase in written communications to administrators regarding both progress and problems.

In summary, the first year of this program has produced changes in students with behaviorally based learning problems; changes in attitude and practices of school personnel toward such students; better coordination between school and community on mental health matters; and increased administrative support of expanded pupil services. The "shake down phase" seems interminable, as the spirit of inquiry continues to pervade the staff. The constant search for improvement, for spotting problem areas, correcting errors, and increasing objectivity have led to gratifying results. There is still much to learn, but much has been gained and the follow up of the next two years will, hopefully, validate the tentative findings of the past year.

Frances R. Todd
Program Director

RESEARCH REPORT

INTRODUCTION

An important function of the project has been that of evaluating its effects upon the participants, students, parents, schools, and communities where it has been in operation. Using not only standardized measurements, but also "home-made" instruments, anecdotal materials, and cumulative case records, an evaluation of the Pupil Personnel Project was compiled. The research undertaken attempted to answer the following general questions:

1. What were the effects of the project upon the students with whom project participants (educational therapists) worked?

2. What kinds of changes, if any, took place in the participants?

3. What kinds of school personnel become the best project participants?

4. To what extent were the parents and community involved?

5. What changes were observable in the system?

The instruments employed in the research included:

Michigan Rating Scale for Pupil Adjustment (MRS)
Minnesota Teacher Attitude Inventory (MTAI)
Autobiographical Questionnaire (Unpublished)
Clinical Assessment Guide "
Case Load Analysis "
Statistical Report "
Terminal Questionnaire (Part II adapted from Arthur Jersild's Psychotherapy in the Teacher's Life and Work)

Standard statistical procedures were employed where feasible and appropriate, and are specified as they are reported. In most cases these were 1-tailed t-tests of significance, the .05 level of significance being accepted as the limit of confidence. In other instances, simple summarizing procedures have been utilized, most frequently, percentages.

The report of the evaluation will be subdivided into four main headings: I. Effects Upon Students, II. Effects Upon Participants, III. Effects Upon Schools, Parents and Communities, IV. Impact on the System, and V. Summary.

I. EFFECTS UPON STUDENTS

The data used to assess the effects of the project upon the pupils it serviced were derived from three primary sources: the Michigan Rating Scale for Pupil Adjustment (MRS), the Case Load Analysis and the Terminal Questionnaire.

A. Michigan Rating Scale

The MRS is an adjunct to a projective device, the Michigan Picture Test. It provides a choice of five ratings, ranging from "very inferior" to "very superior," or from "rarely" to "extremely," in eleven areas of adjustment. By factor analysis, these have been reduced to seven major areas, the first of which, Total Emotional Adjustment, is reported to be the best index of total overall adjustment. The reliability coefficient for the standardization group on this scale is given as .84. Each educational therapist selected his or her five most serious cases and either rated them himself or had the teachers of these cases rate them on the scale. This was done at the beginning and end of the year.

The test results were analyzed in two ways. In the first procedure, the tests were scored for Total Emotional Adjustment, and a *t*-test was run to determine the significance of the differences between the pre-test scores and the post-test scores. The results are summarized in the table below:

Table A: Test of Significance, Total Emotional Adjustment

N = 101

*	
Mean of the group	1.614
Variance of the group	7.479
t	5.931**

**p< .005, df = 100

One may infer from these results that the Total Emotional Adjustment of the students improved significantly during the year in which project participants worked with them. As some of the ratings were made by the participants themselves, some bias in the direction of improvement may be expected to have played its part in influencing ratings on the post-test. On the other hand, teachers could show growth in objectivity by the way they rated the second time. Some bias was eliminated by having other teachers rate students.

---

*t may be interpreted as follows: Under the given statistical conditions, these results could have occurred on the basis of chance alone no more than five times in one thousand, and, therefore, we may assume that the results are attributable to the experimental conditions.

Also, the test results were summarized across each of the eleven sub-scales, and appear in the tables ~~below~~ in the Appendix. The desired trend is that the D's and E's (inferior ratings) decrease on the second rating, as the A's, B's, and C's (superior and average ratings) increase.

Pictorially, it is to be hoped that the peak of the distribution shifts to the left. For example, in Table I, representing the variable "Overall Emotional Adjustment," in October there were only 1 A, 7 B's and 31 C's given to the entire 101 students rated on this variable. Because this was an especially difficult group of students, there were also 44 D's and 18 E's. In May, when these same students were rated again, after having worked with educational therapists all year, the number of D's and E's had decreased to 22 and 11, while the number of A's, B's, and C's had increased to 2, 12, and 54 respectively. The peak of the curve shifted significantly to the left. In statistical terms, the distribution of letter grades on this variable, which was distinctly negatively skewed in October, had become very nearly normal by May, and this on a population which certainly could not have been described as normal at the outset of the project.

As can be observed from the tables, there is evidence that the pupils in the sample have improved in most of the areas measured. Particularly noteworthy is the increase in Overall Emotional Adjustment.

In Table I, it can be clearly seen that there are more A, B, and C ratings on the variable Overall Emotional Adjustment for the second rating than there were the first, indicating that these children were seen to be very much improved by those who rated them.

In Table II, again the shift is toward higher ratings on Social Maturity in May than had been given in October.

On Table III, Tendency Toward Depression, there was little change, but even that was toward more A's and B's, and fewer C's and E's (D's remaining unchanged), suggesting lower rates of depression by the end of the year.

Table IV is a bit more difficult to interpret, as A and B ratings indicate very low tendency toward aggressive behavior. It appears here that there was relatively little change in students' aggressive tendencies as observed by those who rated them.

On Table V, it may be seen that children were perceived as somewhat more outgoing, extroverted, than they had been previously.

Table VI indicates a shift toward greater emotional security than had been observed in the early part of the school year. This is particularly interesting, as project participants frequently mentioned in seminar meetings how they'd attempted to provide some of the warmth and support they'd judged the children to be lacking.

In Table VII, Motor Control and Stability, little change is apparent, but this is very much to be expected, as methods appropriate for managing academic learning difficulties (involving emotional and intellectual functioning) are by no means the same as those used to facilitate the development of motor control (largely a matter of physiological and neural functioning).

Table VIII, measuring Impulsiveness, indicates that children were judged by the participants to be less impulsive at the time of the second rating than they had been at the time of the first. This is somewhat difficult to understand; although the change is in the preferred direction, it appears to be at variance with the rating for Tendency Toward Aggressiveness, a factor certainly related to impulsiveness. Perhaps those children whose impulsivity was less related to aggression improved, while those whose impulses were aggressive did not.

Table IX, rating Emotional Irritability, appears enigmatic. While the second rating shows fewer B's than the first, it also shows fewer E's. Both extremes have moved to the middle, the second distribution more closely resembling the "normal curve," most children receiving ratings of "Fairly good-natured, occasionally irritable." Very likely this is a healthier, more realistic evaluation than either of the extremes ("Unusually good-natured" or "Extremely irritable") would have been. Perhaps, too, withdrawn children, who are frequently quiet, offering little overt resistance, may originally have been perceived as very good-natured simply because they would rarely create management difficulties. As participants became more perceptive and understanding of children, and as withdrawn children opened up a bit, perceptions of the nature of these children were altered in a more realistic direction.

A decided improvement appears on Table X for School Achievement. Since the children studied were originally identified as having learning problems, it is to be expected that achievement would be low. This is the case on the first rating. On the second rating, however, there is a marked decrease in the number of E ratings, and a corresponding increase on all other ratings. This is probably a more objective rating than would be the case for the other variables, simply because criteria for school achievement are somewhat more clear-cut than is true of criteria for emotional variables.

The final table, Table XI, School Conduct, revealed on the second rating more than twice as many B ratings and only a third as many E ratings at the end of the year as seen previously, in the direction of improved school conduct.

Overall, the ratings of children on these variables were in a positive direction, suggesting considerable improvement. It must be reiterated, however, that those making many of the ratings were the participants who had worked with the children all year, and consequently, a positive bias must certainly have influenced the results somewhat. This finding may also substantiate other research* which indicates that teacher expectation and positive or negative bias influence the outcome of student achievement. (See appendix for tables.)

B. Case Load Analysis

Another source of data regarding the effect of the project upon the students served came from the Case Load Analysis Sheets. Each project participant filled out these sheets for all the students in their case loads in order to keep track of the central problems, community agencies used, degree of change observed, and prognosis and plans. Some of this data is summarized below. The percentages are based on the number of cases (377) carried by the participants.

September 1967 thru May 1968

Boys	263	Elementary	241
Girls	114	Secondary	136
TOTAL	377	TOTAL	377

Source of Referral:

Teachers	181
Guidance Counselors	89
Nurses	66
Principals	41
TOTAL	377

1. Central Problem

Acting-out Behavior	20%
Parent-Child Relations	17%
Depressed Behavior	15%
Delinquent Behavior	14%
Inadequate Classroom Adjustment	14%
Cultural Deprivation	6%
Clinical Mental Disturbance of Child	6%
OvertSexual Deviation	4%
Parent Mental Illness	4%

*Rosenthall, Robert & Jacobson, Lenore, "Teacher Expectations for the Disadvantaged," Scientific American, April 1968, pp. 19-23.

It is to be noted that the highest percentage of problems fell into the classification of "Acting-out Behavior," with "Parent-Child Relations" second. Lowest percentages were in the area of true mental illness of child or parent and overt sexual deviation. This might indicate that the majority of mental health problems in schools are seen in the earlier stages and in this project are being attacked in their incipiency.

2. Agencies Used

96 of 377 cases were referred to outside resources.

73 continued
16 dropped out
7 refused referral

Higher degree of continuance than is usual may be due to greater selectivity and preparation of both client and agency.

3. Degree of Change (as assessed by educational therapist)

Significant Improvement	30%
Some Improvement	26%
Slight Change	30%
Retrogression	7%
Dropped Out	7%
	100%

56% showed some or significant improvement.
86% showed change.
14% either retrogressed or dropped out.

4. Prognosis and Plans

Plans include much academic manipulation and individual programming.

Prognosis considered good in majority of situations.

C. Terminal Questionnaire

The third source of data concerning the effort of the project upon students is found in anecdotal form on the Terminal Questionnaire answered by the educational therapist in response to the question -

"In which one of your cases do you feel you have achieved the most positive results? Describe this in terms of the type of problems and action taken."

A few of the responses are presented below:

1. "Susie is a seventeen year old girl, the oldest of a problem family. She refused to return to school in September; however, after counseling sessions with her and her mother at her home she enrolled late in the month. Her work and attendance were erratic, her attitude toward pupil and teachers was hostile and rebellious. She did not respect herself or her family and was unhappy with both. As a result there were instances of delinquent behavior. She ran away twice and threatened suicide - was involved in gang fights, etc.

At first she was counseled on a daily basis; later on, a weekly schedule was set up. Her teachers were informed of her problems and the underlying causes were discussed. All the teachers cooperated in easing the pressure and adopted a policy of praising any small success and in showing interest in her as a person. The one teacher for whom she had expressed any liking arranged for special friendly talks. The police cooperated by keeping the counselor informed of any difficulties that occurred outside of school.

As a result, the student is passing all of her subjects and will enter 12th grade next year scheduled for graduating in June 1969. Her attendance is now better than average. She is relaxed and admits she likes school and her teachers and that most of the other students are 'not so bad.' She looks happy most of the time, can smile and although she still has problem moments she now can analyze her difficulties, see them in a proper light and make suggestions for dealing with them. There has been no change with the problems at home or in that environment. She does, however, seem better able to cope."

2. "Contacts with a parent in the process of a divorce. Her son was suffering from this and it expressed itself in school by prolonged absences. Through supportive and educative procedures mother gained insight into the ways in which her problems were affecting her son and has been growing much more capable and confident in supporting her boy at home in such a way that school problems are subsiding."

3. "C.J. is talking. At the beginning of this year, in first grade, he would not talk. I got him in the project. I enlightened all school personnel who had any contact with him. Through patience, discussions, exchange of ideas, C.J. is no problem now."

II. EFFECTS UPON PARTICIPANTS

A. Clinical Assessment Guide

The Clinical Assessment Guide was developed for a similar previous project by social workers and psychologists in the Baldwin-Whitehall Schools in 1963. It consists of eight scales of skills or traits, on each of which every project participant was rated from 1 - 100, including -

1. Empathy
2. Capacity to Elicit Information
3. Diagnostic Skill,
4. Therapeutic Capability
5. Capability to Function in a School Organization as a Team Member
6. Potential for Influencing Parents
7. Potential for Influencing Teachers
8. Capability in Recording.

Each participant was rated in October and again in June. The ratings were made independently, generally by at least three members of the Clinical Team (consisting of three psychiatrists, one psychologist, and three social workers).

Of the twenty-four participants, all but three achieved a higher composite rating in June than in September. Of these three, one fell twenty-two points, one fell ten points, and the third neither gained nor lost points. The mean difference between the October and June ratings was 15.3 points.

A t-test was run to determine the significance of difference between correlated means on the Pre- and Post-ratings and the results summarized below:

Mean of the group	15.292
Variance of the Group	193.433
t	5.386

$P < .005$, $df = 23$

Caution must be exercised in interpreting these results, as the ratings of the participants were made by members of the Clinical Team who served as consultants, seminar leaders and supervisors of the participants throughout the duration of the project. Consequently, it cannot be ascertained that the ratings were unbiased. To offset this bias somewhat, one might recall that those same consultants and supervisors ar social workers and psychiatrists whose professional training has emphasized objective appraisal to as great an extent as is possible.

By way of item analysis, a single rating sheet was selected at random for each of the participants on both the October and the June ratings. Summarized, this analysis revealed the following:

On the October rating, the trait most highly rated across all twenty-four participants was (6) Potential for Influencing Parents. The lowest trait was (3) Capacity to Elicit Information. On the second rating, the most highly rated trait was (5) Capability to Function as a Team Member, and the lowest (8) Capability in Recording. The greatest difference from October to June was shown on (5) Capability to Function as a Team Member, and the least difference on (6) Potential for Influencing Parents.

B. Minnesota Teacher Attitude Inventory (MTAI)

Another instrument employed to assess the effect of the project upon the participants was the Minnesota Teacher Attitude Inventory. This inventory is designed to measure those attitudes of the teacher which predict how well he will get along with pupils in inter-personal relationships. There are 150 items in the scale, touching upon five socio-educational areas:

1. Moral status of children in the opinions of adults, especially as concerns their adherence to adult imposed standards.

2. Discipline and problems of conduct in the classroom and elsewhere, and efforts employed in dealing with such problems.

3. Principles of child development and behavior related to ability, achievement, learning motivation, and personality development.

4. Principles of education related to philosophy, curriculum and administration.

5. Personal reaction of the teacher likes and dislikes, sources of irritation, etc.

Responses that qualitatively and quantitatively accord with the response of the "superior" teachers in the standardization group to each item are ascribed positive scores, those that concur with the "inferior" teacher group are given negative value. Reliability coefficient for the Inventory is reported as .93, and the validity coefficient from multiple correlation of several criteria as .63.

To assess the development of therapists through their project experience, the Teacher Attitude Inventory was administered at the beginning and end of the year. Scores, percentiles and ranks for the two administrations are shown below:

TABLE C

Minnesota Teacher Attitude Inventory Scores

N = 22

	Pre-Test			Post-Test			
Therapist	Raw Score	%ile	Rank	Raw Score	%ile	Rank	Difference (Raw Score)
A	18	27	17	26	31	19	8
B	73	63	10	82	75	9	9
C	13	14	20	23	20	20	10
D	81	74	7	61	51	16	-20
E	96	88	3	97	88	3	1
F	51	58	11.5	70	76	13	19
G	-53	1	21	-32	3	22	21
H	66	56	13	83	76	8	17
I	88	80	6	109	98	1	21
J	89	89	2	65	72	15	-24
K	44	49	16	77	81	10.5	33
L	80	71	8	106	96	2	26
M	62	52	15	91	81	5	29
N	46	66	9	69	85	14	23
O	63	53	14	73	63	12	10
P	19	18	19	42	30	18	23
Q	91	82	5	84	77	7	-7
R	24	21	18	56	45	17	32
S	88	97	1	93	98	4	5
T	68	58	11.5	77	67	10.5	9
U	80	83	4	89	89	6	9
V	Did not take test						
W	-42	2	22	-8	7	21	34
X	Did not take test						

A t-test was run on the MTAI to establish the degree of significance of the differences between the participants' performance on the separate administrations of the test. Results of the t-test are as follows:

Table D: t-Test for Significance of MTAI, Score Difference

Mean of the Group	15.292
Variance of the Group	193.433
t	5.386*

*P < .005, df = 23

The difference is seen to be highly significant, indicating that the participants' attitudes around the issues cited above moved in a positive direction during the course of the year.

A factor analysis was performed on the MTAI (Hoon & Moorison, 1965) resulting in the isolation of five factors, including -

I. Traditionalistic vs. Modern Beliefs about Child Control.
II. Unfavorable vs. Favorable Opinion about Children.
III. Punitive Intolerance vs. Permissive Tolerance for Child Misbehavior.
IV. Aloof vs. Involved (Empathic Attitude Toward Children).
V. Laissez-Faire vs. Controlling Attitude Toward Children.

The participants' test profiles, both pre- and post-, were scored for the five factors and t-tests were run to determine the significance of difference between the pre-test and post-test scores for each factor. The results of the t-tests are summarized below:

Table E: Factor Rating Scores on MTAI

N = 22

Factor	Mean of the Difference	Variance of the Difference	t
I	-0.409	3.015	-1.105
II	-0.409	2.063	-1.336
III	-0.545	3.784	-1.315
IV	-0.136	1.552	-0.513
V	0.773	1.498	2.854*

*P < .005, df = 21

Although the differences between pre-test and post-test scores on the factors is not statistically significant, there is change in the favored directions of Modern Beliefs about Child Control, Favorable Opinion about Children, Permissive Tolerance for Child Misbehavior, and Involved (Empathic Attitude Toward Children). On the fifth factor there is a highly significant change in the direction of Laissez-Faire (as opposed to a Controlling) Attitude Toward Children.

One further analysis was run using the MTAI. In this, six secondary and sixteen elementary teachers' MTAI profiles were randomly selected from a pool of MTAI profiles derived from the teachers in a neighboring school district. These teachers were not participants in the project. Their 22 scores (Group I) were compared with the 22 post-test scores (Group II) of the project participants and a t-test for uncorrelated means run to determine the significance of the difference between the participants' mean score and the non-participants' mean score. The results of the t-test appear below:

Mean of Group I	65.136
Mean of Group II	24.227
Variance of Group I	1271.08
Variance of Group II	1546.76
t	3.173*

*P < .005, df = 42

The difference between participants and non-participants on the MTAI is highly significant, indicating that the attitudes of project participants on variables related to classroom teaching are more desirable than those of non-participants.

All the data gathered on the MTAI suggest that the project is instrumental in fostering healthy attitudes in the classroom.

C. Terminal Questionnaire

1. The third instrument used in assessing the effect of the project upon the participants was the Terminal Questionnaire, which was handed out to the project participants in May, the last full month of this project. The participants were instructed to complete the questionnaire at their leisure and return them before leaving the project in June. A number of objective items on the questionnaire, including descriptions of problem situations and statements of opinion and preference appeared in the questionnaire, and a discussion of these results is presented here.

In item one, participants were in basic agreement that the majority of the problems they encountered in their case loads consisted of acting out or withdrawn behavior. This is consistent with the results of the Case Load Analysis which revealed that at least 35% of the problems participants dealt with were centrally those of acting out and depressed (withdrawn) behavior.

In item two, participants generally found psychiatric textbooks, i.e. An Elementary Textbook of Psychoanalysis by Charles Brenner, to be the most helpful of the types of literature available to them. The significance of this response can only be judged in subsequent years. Participants themselves suggested reading of various kinds and a reading list for voluntary selections was provided in September. Many reprints of professional articles were given to participants, but the reading program was largely voluntary and spontaneous. Little stress was placed on readings during the first year so participants may have felt that they were expected to "prefer" a technical book or they may feel a need for this type of information.

It can be safely and briefly stated that among the goals of the project were the understanding of the importance of personal feelings, the promotion of one to one relationships between students and school personnel to facilitate the personal and academic growth of the students involved, and the relaxing of inflexible attitudes about rules and student obedience. It is interesting to note, in light of these goals, the participants' responses to items 4, 6, 13 and 14 - first choices being primarily in the direction of facilitative relationships, exploration and consideration of personal feelings, etc. This would indicate that the project had an influence toward positive attitudinal change.

2. The second section of the Terminal Questionnaire is included here in its entirety along with the total number of responses appearing on all the questionnaires of the participants.

TERMINAL QUESTIONNAIRE

(Adapted from Arthur Jersild's Psychotherapy in the Teacher's Life and Work)

PART II

Show the extent to which your experience in this project had an influence in the following areas.

	Very Much	Moderately	Very Little
1. Your ability to understand your students.	14	7	1
2. Your ability to come close to your students, to feel warmth and affection.	10	8	4
3. Your ability to accept and work effectively with students who are:			
a. Hostile, sullen, rebellious	11	9	2
b. Nervous, restless, fidgety	8	11	3
c. Withdrawn, hard to reach	8	12	2
d. Dependent, clinging, eager for assurance.	10	9	3
4. Your ability to be firm, to exercise what you regard as your proper authority.	7	10	5
5. Your ability to feel admiration for friends, colleagues or associates.	7	11	4
6. Your ability to positively influence fellow teachers toward better understanding of students.	9	11	2
7. Your ability to recognize a competitive streak in others with whom you are associated.	6	6	10
8. Your freedom to assert yourself in a competitive situation.	6	10	6
9. Your ability to detect and recognize the open or veiled hostility in others.	6	12	4

		Very Much	Moderately	Very Little
10.	Your ability to assert your own rights, distinguishing between what is legitimate and what is an imposition.	6	10	6
11.	Your ability to stand up for your opinions with authority figures.	10	6	5
12.	Your ability to recognize your own limitations.	15	4	3
13.	Your ability to respect the ideas and opinions of others.	12	5	5
14.	Your ability to be professionally objective and non-judgmental.	8	11	3
15.	Your ability to get along with less dependency, approval, or praise from authority figures.	5	9	8
16.	Your ability to accept your own religious, ethnical or social background.	8	5	8
17.	Your enjoyment of your work.	13	4	5
18.	Any tendency to expect too much of yourself as a teacher, such as expecting to have the solution when a student has a personal problem; expecting you should love every student and expecting you should always be "Interesting" as a teacher.	7	7	6
19.	Any tendency to use your students to gratify your own needs, such as need for power, admiration or affection.	2	6	11
20.	Your ability to understand your position and role as parent substitute for certain particular students.	15	4	3
	TOTAL	203	187	109
	%	40.7	37.5	21.8

The items most frequently rated "Very Much" were items 12 "Your ability to recognize your own limitations" and item 20 "Your ability to understand your position and role as parent substitute for certain particular students." It was not a goal of the project that participants recognize their limitations, but rather their strengths. One explanation for the heavy response to item 12 may be that in the accepting, supportive atmosphere of supervisory sessions and seminar meetings, participants were enabled to face their limitations more realistically.

The item most frequently omitted (by 3 participants) was item 9 "Your ability to detect and recognize the open or veiled hostility of others." Interestingly enough, this was also the item most frequently marked "Very Little," suggesting perhaps, that this is the area where participants feel the least need to improve. It appears that this item depicting the emotionally needy teacher is quite threatening, especially as it is wholly inconsistent with the more desirable image of the self-less, dedicated teacher.

Generally speaking, it is evident from these data that participants feel the project played a significantly, influential part in the growth of attitudes and skills relevant to them as teachers.

The remaining portions of the Terminal Questionnaire consists of citations of meaningful moments in the experiences of the participants, in terms of their effectiveness with students, parents or school personnel, or in terms of the effects of project personnel and activities upon them. Several examples follow:

a. "I was like a sponge absorbing knowledge - the amount of absorbtion will be measured in days, months and years to come. My growth and charges in attitudes will be used daily in contact with all 'public' encountered."

b. "This has been one of the finest practical learning experiences I have had in my 30 years in school work. We may not be able to point to results gained but I have a definite feeling of growth and a better understanding of problems I have been dealing with. I have gained self-confidence and in turn the pupils in my school must have benefited."

c. "One teacher became one of our best workers after she came to a meeting and found we were doing exactly what she, as a good teacher, had been doing for 20 years; except now this program gave her reinforcement and qualified help if needed."

d. "Another teacher expressed interest in a failing student, whose learning problem was magnified by the negative quality of his relationship with teacher. Through demonstration of positive regard for both of them, continued encouragement and support of each personally, they began to see each other as worthy human beings. They were also given a place to ventilate their feelings and their relationship has evolved to a much smoother situation in which they are both experiencing success."

e. "The experience in this pupil personnel project which has been most meaningful to me was the help which one of the consultants gave me in better understanding and meeting the needs of a withdrawn and depressed 10-year-old in my class. Rather than immediately testing the boy, he first showed me how much information I already had, observed the boy in class, and met with me again to discuss observations I had made following the visit. He helped me to see how much I, as a classroom teacher, could learn without psychological testing, and how much I, through kindness, understanding and acquired techniques could help this boy."

D. Optimum Candidates

By the end of the year the project trainees fully participating consisted of six guidance counselors, six nurses, and ten teachers.* In an effort to determine which of these three professions offered the optimum candidate for the project, t-tests were run across the three groups for the three instruments, the Clinical Assessment Guide, the Minnesota Teacher Attitude Inventory and the Terminal Questionnaire. Results are summarized below:

TABLE F

CLINICAL ASSESSMENT GUIDE

Differences between Professional Groups

N = 22

	Mean of Group I	Variance of Group I	Mean of Group II	Variance of Group II	t
I. Counselors vs. II. Nurses	8.667	348.667	16.333	237.867	-0.775
I. Counselors vs. II. Teachers	8.667	348.667	18.545	112.473	-1.195
I. Nurses vs. II. Teachers	16.333	237.867	18.545	112.473	-0.313

*A nurse and a psychologist remained involved in attending seminars and case activity, but did not complete instruments.

TABLE G

MINNESOTA TEACHER ATTITUDE INVENTORY

Differences between Professional Groups

N = 22

	Mean of Group I	Variance of Group I	Mean of Group II	Variance of Group II	t
I. Counselors vs. II. Nurses	9.000	441.500	6.667	245.867	0.205
I. Counselors vs. II. Teachers	9.000	441.500	18.455	152.073	-0.936
I. Nurses vs. II. Teachers	6.667	245.867	18.455	152.073	-1.592

TABLE H

TERMINAL QUESTIONNAIRE

Differences between Professional Groups

N = 22

	Mean of Group I	Variance of Group I	Mean of Group II	Variance of Group II	t
I. Counselors vs. II. Nurses	-0.400	59.300	7.167	130.967	-1.304
I. Counselors vs. II. Teachers	-0.400	59.300	7.182	92.564	-1.684
I. Nurses vs. II. Teachers	7.167	130.967	7.182	92.564	-0.003

None of these t-test results was significant, indicating that the differences in professional training did not yield significant test differences on any of the three instruments used, and implying that the project is equally useful and helpful to various kinds of school personnel.

The teachers also achieved a more global, process-oriented kind of progress and growth in the three seminar groups. All groups kept minutes of each weekly session. The intensity and nature of these minutes varied with the group, as did the process and rate of growth for the different classes. Extensive minutes were kept for one of the groups, and from these minutes, the clinical team noted a definite sequential progress in the development of the members within the context of the weekly seminars as follows:

September: introduction of participants to project; concern on the part of participants with respect to procedure; superficial talk (in terms of overt behavior) of case studies.

October: resistance of participants to clinical team and to each other; demand for more tightly structured seminars; in case studies, stress upon overt behavior and classroom management.

November: participants more accepting of group process and teaching by members of Clinical Team; case studies still stressing overt behavior of problem children; impatience for immediate, concrete solutions.

December: case studies beginning to probe cause and origin; some approach to issue of child's effect upon participant.

January & February: case study discussions becoming more clinically sophisticated; participants looking more to each other for suggestions, depending less upon clinical team.

March, April and May: sharpening of clinical perceptions; clearer conceptions of how to proceed on a given case.

Late May: sporadic attempts to manage anxiety generated by project termination; apparently, however, little need for closure, perhaps attributable to continued association with clinical team in following year.

The other two seminar groups seemed to follow the same general process, with slight variations due to the differences in personnel. In the group in which total responsibility for minute taking was left to the trainees the developmental trend could be more readily detected. All groups showed movement as described.

III. EFFECTS UPON SCHOOLS, PARENTS, COMMUNITIES

The effects of the project upon schools, parents, and communities are found summarized in both the Case Load Analysis and the Terminal Questionnaire.

In assessing the effects of any project upon schools, parents, and communities, one can only measure indirectly, i.e. in terms of activities involving schools, parents, and communities, for a year is too short a space of time in which to expect observable change. Activities involving schools, parents, and communities include primarily interviews between project participants and parents or other school personnel, home visits by participants, and referrals to or interviews with various community agencies. This data is summarized as follows from the Case Load Analysis Sheets completed by each participant.

WEST CENTRAL PUPIL PERSONNEL PROJECT

NINE-MONTH STATISTICAL REPORT
(September 1967 thru May 1968)

24 PROJECT PARTICIPANTS

I. CASE LOAD

Cases carried over		
New Cases	377	
TOTAL		377

II. INTERVIEWS

Parent	1251	
Student	2553	
Teacher	1922	
Guidance Personnel	704	
Nurse	484	
Psychologist	327	
Psychiatrist	136	
Community Agency	381	
Collateral (Relative,Minister,Employer,etc.)	261	
Principal	1044	
TOTAL		9063

III. MEETINGS

Pupil Personnel		
Clinical Seminar		
Faculty		
Community Agency		
TOTAL		2348

This report does not include interviews and activities of the three project social workers.

COOPERATING COMMUNITY AGENCIES

Allegheny County Health Department
Allegheny County Juvenile Court
Allegheny County Mental Health and Mental Retardation Board
Allegheny County Special Education Schools
Arsenal Health Center
Bureau of Vocational Rehabilitation
Child Welfare Services
Children's Hospital
Churches
Coraopolis Community Action Group
Craig House-Technoma
Easter Seal Society
Family and Children's Service
Gilmary School for Emotionally Disturbed Adolescent Girls
Girl Scouts of Allegheny County
Milton Hershey School
Holy Family Institute
Hospital Social Services Departments
Job Corps
Laughlin Children's Center
Office of Economic Opportunity
Pennsylvania Department of Public Assistance
Pittsburgh Association for the Blind
Pittsburgh Child Guidance Clinic
Police
Pressley House
Private Physicians and Psychiatrists
Psychological Services of Pittsburgh
Staunton Psychiatric Clinic
Tuberculosis League of Pittsburgh
Veterans Administration
D. T. Watson Home for Crippled Children
Western Diagnostic and Evaluation Center
Western Psychiatric Institute and Clinic
Youth Guidance Association

It is difficult to judge from these data the nature of the project and its effects upon schools, parents, and communities. It may certainly be inferred, however, from the great number of contacts with parents and community agencies that channels of communication have been opened where previously either none existed or they were minimal. The schools have represented themselves as concerned not only with the academic performance of their students, but also for the overall emotional and intellectual welfare of their students. Responses from the community have indicated growth in regarding the school as having a mental health role. Mental health workers under the aegis of the school are now seen as accepted elements of the overall community team.

IV. POTENTIAL FOR CHANGE IN THE SYSTEM

The following observation by the consultant sociologist made after the last "Community Lab" of the year in May, 1968, will serve as a report of his view of the potential effect of this project as an agent for change in the educational system.

Teaching, Counselling and Therapy

Observations on an Action Research Program

Joseph W. Eaton

University of Pittsburgh

Through division of labor our civilization has attained a high degree of technical efficiency. But this process has its limits. Anyone who has built a house knows how cumbersome it is when the different trades have to be coordinated. The most valuable person in home-building is a carpenter entrepreneur, who does his own work plus everybody else's, if need be. What he lacks in detailed know-how is often compensated for by the absence of a need to be coordinated.

The differentiation between specialization and generalized skill is even more applicable to this human profession. People with a problem do not think of it in terms of its components. Few patients would like to be handled by an assembly line of doctors. It is their total person and their total body which needs treatment. Certainly this is true of the human mind and of the soul of a child.

Social workers, psychologists and psychotherapists have specialized skills in the treatment of mental health problems. But to use these specialists, much formality is required. For instance, the parents, the child or the school must define a problem as serious. Once this is done, even a simple problem may become more difficult. Furthermore, there often is a communication gap. It takes time to make an appointment. The people who are consulted are distant from the school situation, where the problem has arisen. It first has to be explained to them. They have to learn about the total situation in which the problem occurs before they can begin to help out.

This is why the training of teachers to handle mental health problems in the school has a variety of strategic advantages. This relative lack of technical training is counteracted by their closeness to the situation.

In understanding the advantages and limits of therapeutic and counselling roles of teachers the following variables need to be considered:

1. Teacher as administrative facilitator: The school is not a therapeutic community or casework agency. But when children have problems, it can respond to an extent by modifying the environment so that the problem can be reduced or even eliminated. This environmental therapy requires an understanding of the administrative realities of each school. Teachers often have this know-how. If applied with an understanding of each child and his problems, this can bring about major modifications, much less likely when this task is assigned to a therapeutic specialist who - whatever his skills may be in that area - is a novice with respect to the organizational realities of the school.

The capacity for understanding what change is possible and what change is unlikely or undesirable is an important part of the counselling and therapeutic capability of the teacher.

2. Early diagnosis: One of the principal advantages of a teacher is his capacity to diagnose a problem relatively early. Kindergarten and grade school teachers obviously can observe a problem situation before it becomes manifested as a school problem and often before the parents are fully aware of the complexities that may develop in the child's life. But at any age, a youngster in school is likely to manifest difficulties which, if identified early, can be handled more easily than when they are left unattended. Such problems as delinquency, dropping out of school, excessive depression and withdrawal often will first be seen in a school setting, at a time before the child has been defined as a "major problem." Intervention can be planned without exposing the youngster in a very formal sense to considering himself "a case."

3. Teachers as diagnostic observers: Teachers are trained in subject matter. But if data are needed about a troubled child, they are in a strategic position to make relevant observations. Mental health specialists are handicapped in making diagnostic judgments by the fact that they spend relatively little time with their patients. Teachers can see a youth in many circumstances, when tasks are being performed by youngsters that enable them to assess assets and liabilities for performing particular social roles.

4. The classroom as a treatment milieu: The school situation represents one of the most exciting but also insufficiently used treatment situations for children. It requires a variety of social and intellectual tasks from sports to Biology. Whatever a youngster's problems, teachers can stress those roles that enable a youngster to build up his confidence for solving problems while reducing his exposure to situations that reinforce his problems. This is why teachers, even when untrained in the technicalities of mental health problems, can perform important functions of a preventive nature.

5. The teacher as a "troubleshooter": The introduction of mental health knowledge into the school system enables teachers to become more effective referral agents to highly specialized treatment organizations. The education of teachers in treatment and therapeutic skills therefore prepares teachers to make referrals because they also know how to express the situation or to describe it in terms that will be readily understood by the specialized agencies which will provide the treatment. They can also develop skill in knowing when to refer and when to attempt remediation in the school setting. By securing in-service mental health training teachers can develop sophistication in (a) identifying problems; (b) helping the child and parents in the school milieu; (c) making appropriate referrals and communications; and (d) influencing practices and procedures in the total school organization.

June 6, 1968

Joseph W. Eaton
Consultant Sociologist

V. SUMMARY

This summary will direct itself to a brief review of the five questions posed in the introduction.

The first question was, "What were the effects of the project upon the students with whom project participants had worked?" As indicated by the eleven sub-scales of the Michigan Rating Scale, the Terminal Questionnaire, and the Case Load Analysis, considerable improvement was observed by the participants in a number of different areas, both academic and social.

The second question was, "What kinds of changes, if any, took place in the participants?" At the end of the project, participants were judged by the clinical team to have greater diagnostic skill, greater potential for influencing parents and teachers, and greater therapeutic capacity, as measured on the Clinical Assessment Guide. The participants rated themselves as having more flexible, less tradition-bound, more positive attitudes toward children on the Minnesota Teacher Attitude Inventory. They also affirmed on the Terminal Questionnaire that the project specifically had helped them in these and related areas.

The third question was, "What kind of school personnel become the best project participants?" A series of t-tests reveals that, in terms of the three instruments used to assess the skills and attitudes of project participants as educational therapists, there were no significant differences among professions when the participants were divided into three groups consisting of six guidance counselors, six nurses, and ten teachers. In other words the growth of participants as therapists does not seem to be significantly effected by whether they are teachers, nurses, or guidance counselors.

The fourth question was, "To what extent were the parents and community involved?" The answer to this question can be found on page 32. The parents and community were involved to the extent of 1251 interviews with parents, 136 interviews with community agencies, and 381 interviews with relatives, ministers, employers, etc. When studied in light of the fact that all of this was carried out in a nine-month school year by only twenty-four people, a considerable amount of parental and community involvement is represented by these figures. The pattern of communicating more extensively with parents and community agencies by school personnel has been established. Interchanges between public and parochial schools have increased and more collaboration in behalf of children has been fostered.

In the view of an outside expert, who is a trained observer, this project has had a definable effect on the educational system in which it has operated. More time is needed to evaluate the staying qualities of this impact and the goal of producing positive changes in the system should be accelerated during the next two years. To this date the fifth question concerning the effect on the system can only be partly answered.

It must be understood that the bulk of this research, while anticipated in the initial planning stages to the extent that pre-tests, post-tests, and anecdotal materials were compiled, was formally organized and carried out after the fact. This is because the project was not funded till within two weeks of the time it was to begin; there was barely sufficient time to permit strictly mechanical arrangements to be made, let alone plans for research (which of necessity and by definition need to be carefully and methodically thought out in advance). Thus, a number of the research problems encountered are attributable to a lack of preparation resulting from the extremely short planning period permitted to the organizers of the project and its clinical team.

Several fundamental recommendations arise from the research undertaken to date. The first is that research instruments be further examined prior to administration and either improved if designed by the clinical team or substituted if judged inappropriate. For example, the Clinical Assessment Guide can be sharpened as a clinical tool by changing the scales from the 1 - 100 point scales with intervals marked irregularly (as the format exists now) to 1 - 10 point continua with instructions that raters use a definite digit on the continuum to represent their judgments, rather than by haphazardly dropping a checkmark at an indefinite point between two digits on the scales.

Because of the aforementioned lack of time and personnel in the early weeks of the project, the pre-tests could not be administered under as controlled conditions as is necessary for stout research purposes. The administration of all instruments, both pre and post, and the addition of more system in the collection of all data will be followed in the second year.

It should be stated that one of the basic elements of research design-control should be given more attention in the coming year. Some of the research reported in this paper was significantly biased on a positive direction. (This is not to negate the results, because this bias certainly did not account for all the positive movement observed by project participants and by the clinical team.) There should be an extension of the rating of students by teachers other than project participants. If participants can be evaluated not only by the clinical team, but also by previous participants (as opposed to other school personnel not attuned to project goals), a great deal of this bias can be held in check.

Despite the lack of full scientific control and the statistically unwieldy nature of a great deal of the data, it is thought that this research report presents a picture of the effects of the project upon its participants, their cases, and the communities and parents involved in as clear a light as possible considering that the variables under study are among the most difficult that research has ever attempted to investigate.

Sally Madaras
Research Assistant

APPENDIX

S T A F F

Mrs. Frances Todd, A.C.S.W.	Project Director
Mrs. Esther Douglass, A.C.S.W.	Social Worker
Miss Elizabeth Wilson, A.C.S.W.	Social Worker
Morton Berkowitz, M.D.	Psychiatric Consultant
Richard Berkey, M.D.	Psychiatric Consultant
Carol Kraynyk	Secretary

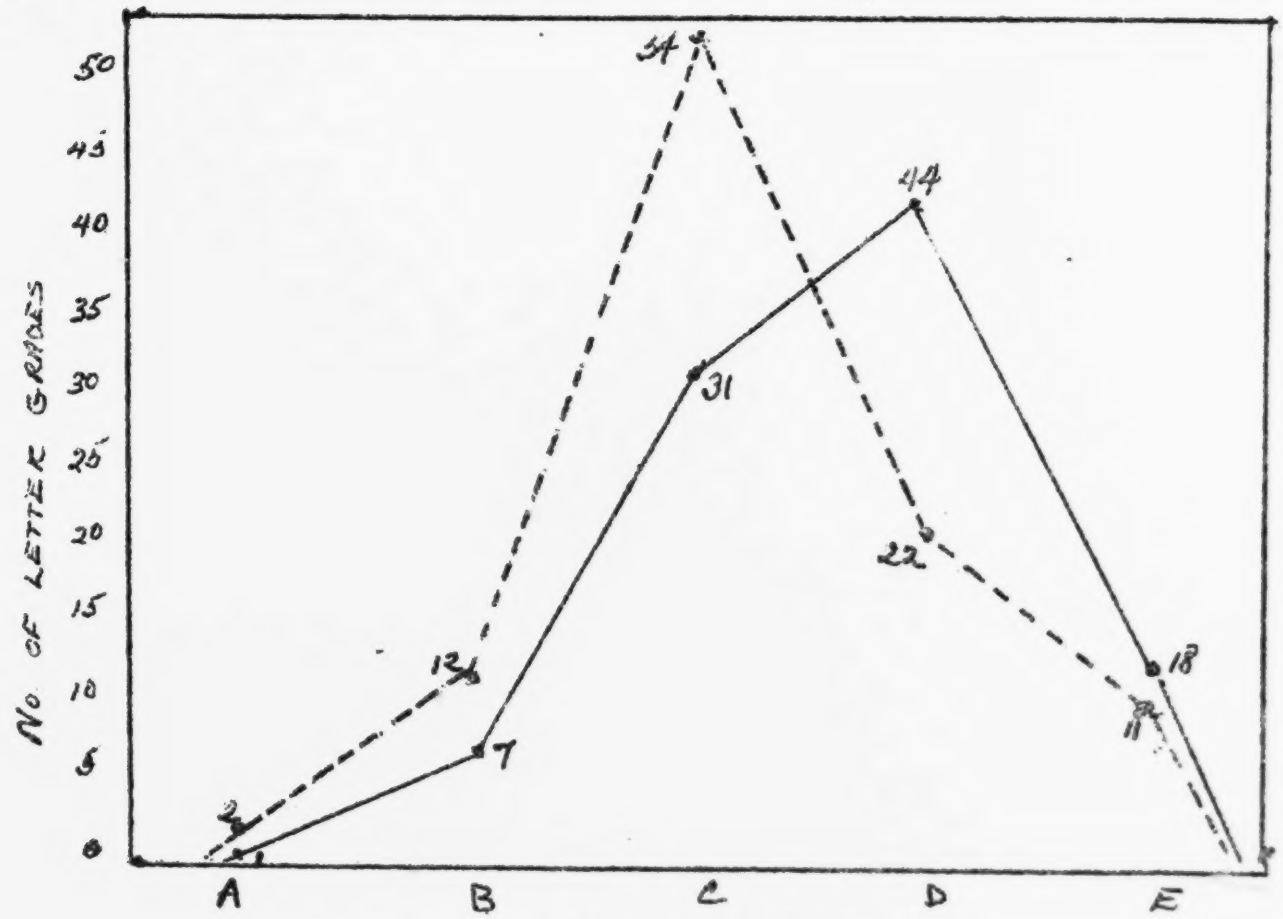
PRETEST _____

POST-TEST - - - - - - - -

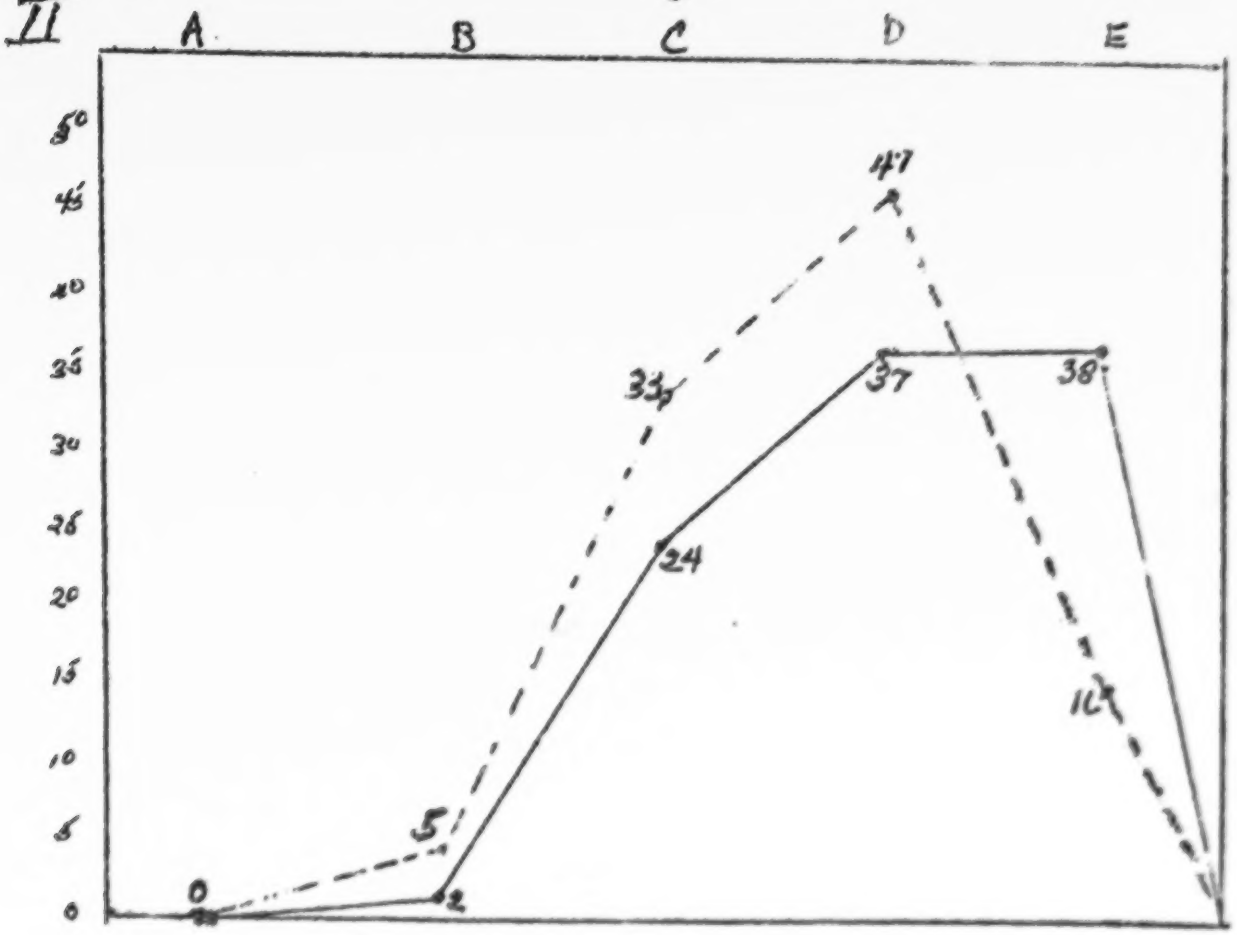
B. Graphic Depicting Change on MRS Variables

N = 3,101

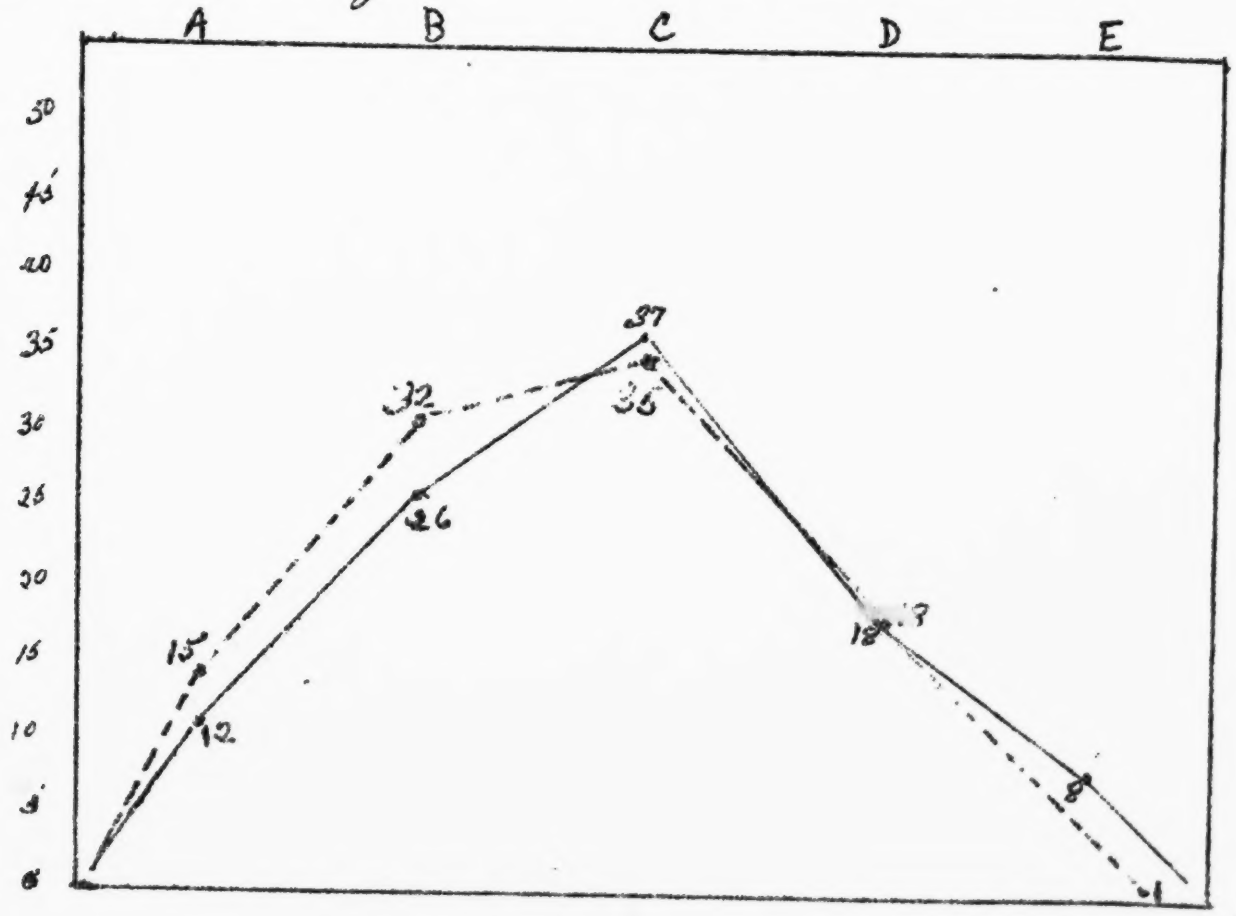
I Over-all Emotional Adjustment



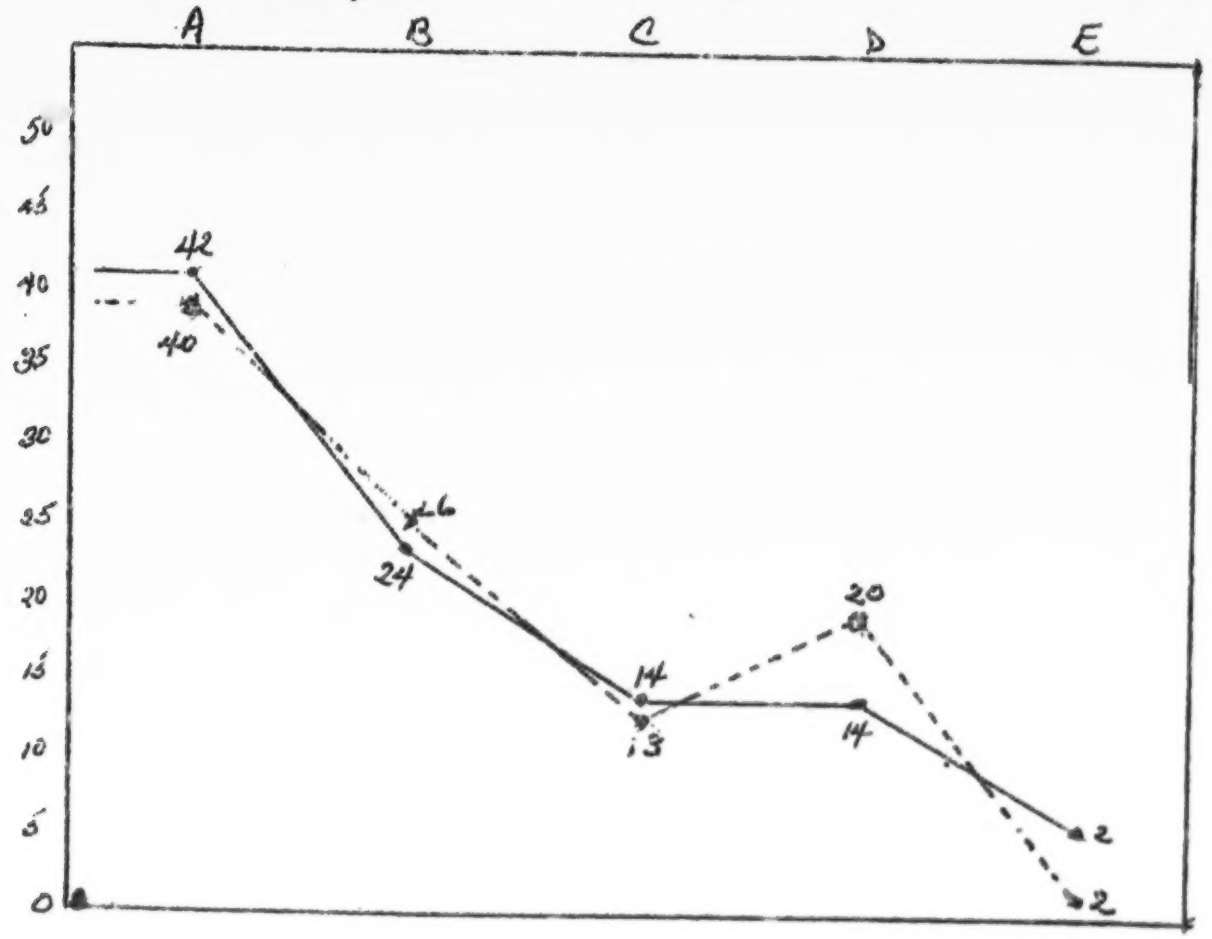
II Social Maturity



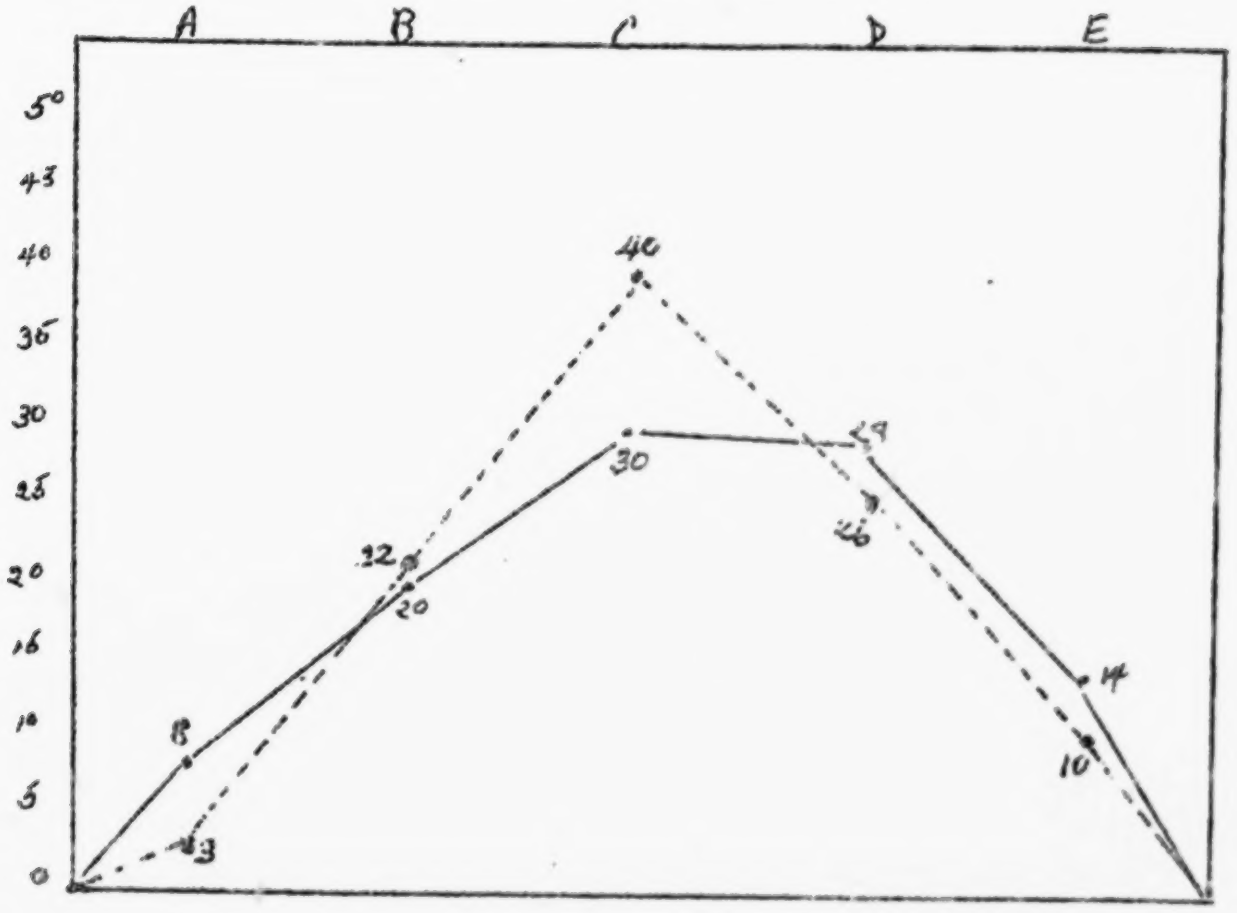
III Tendency Toward Depression



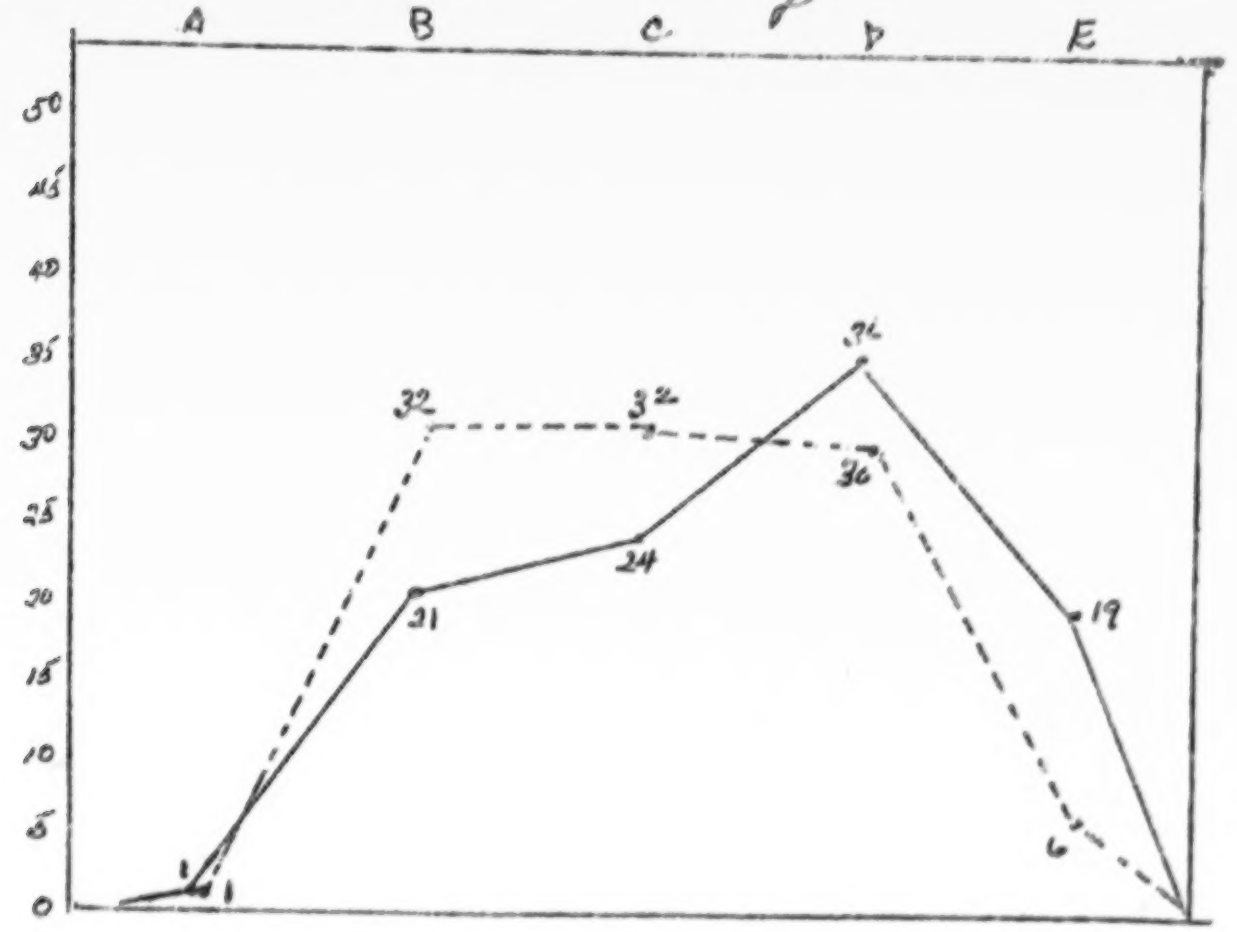
III - Tendency Toward Aggressive Behavior



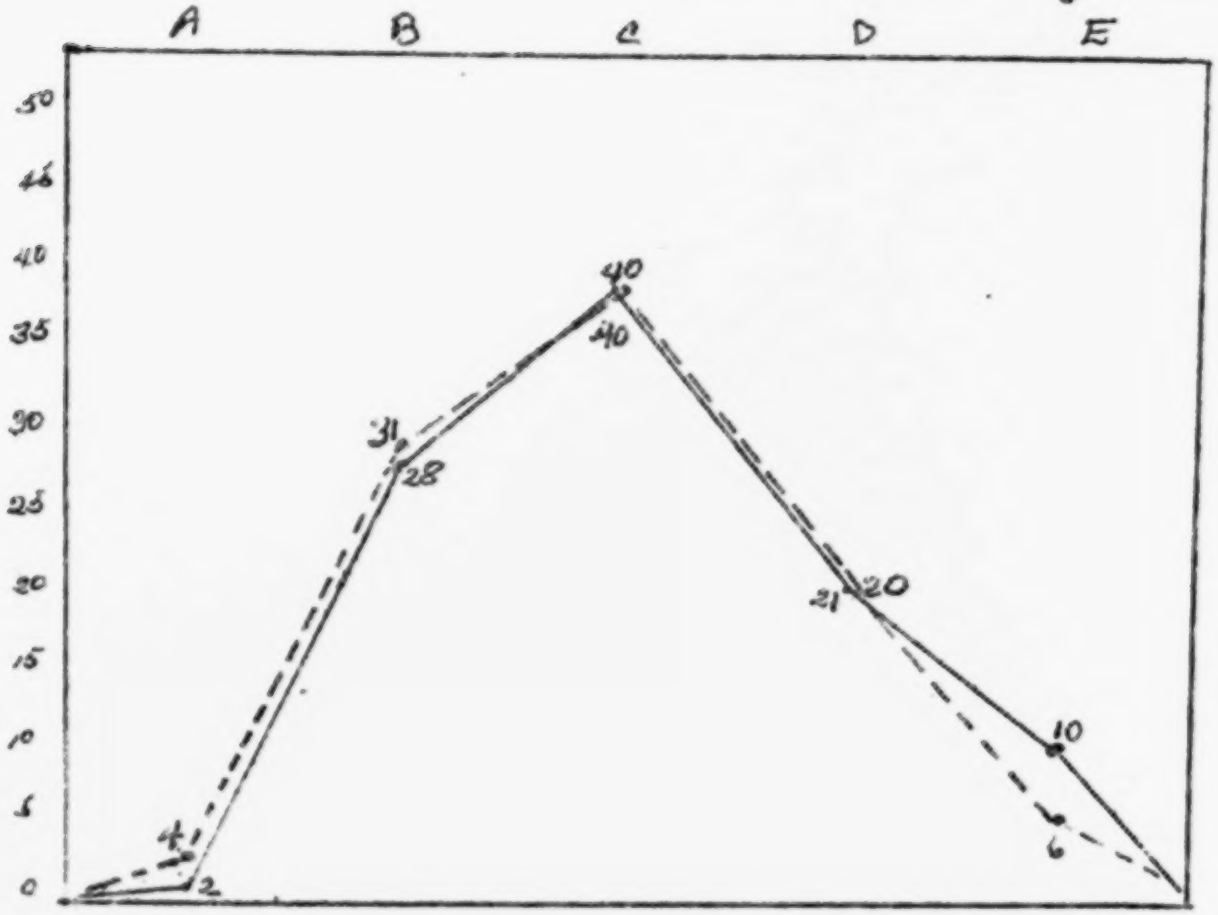
V Extroversion · Introversion



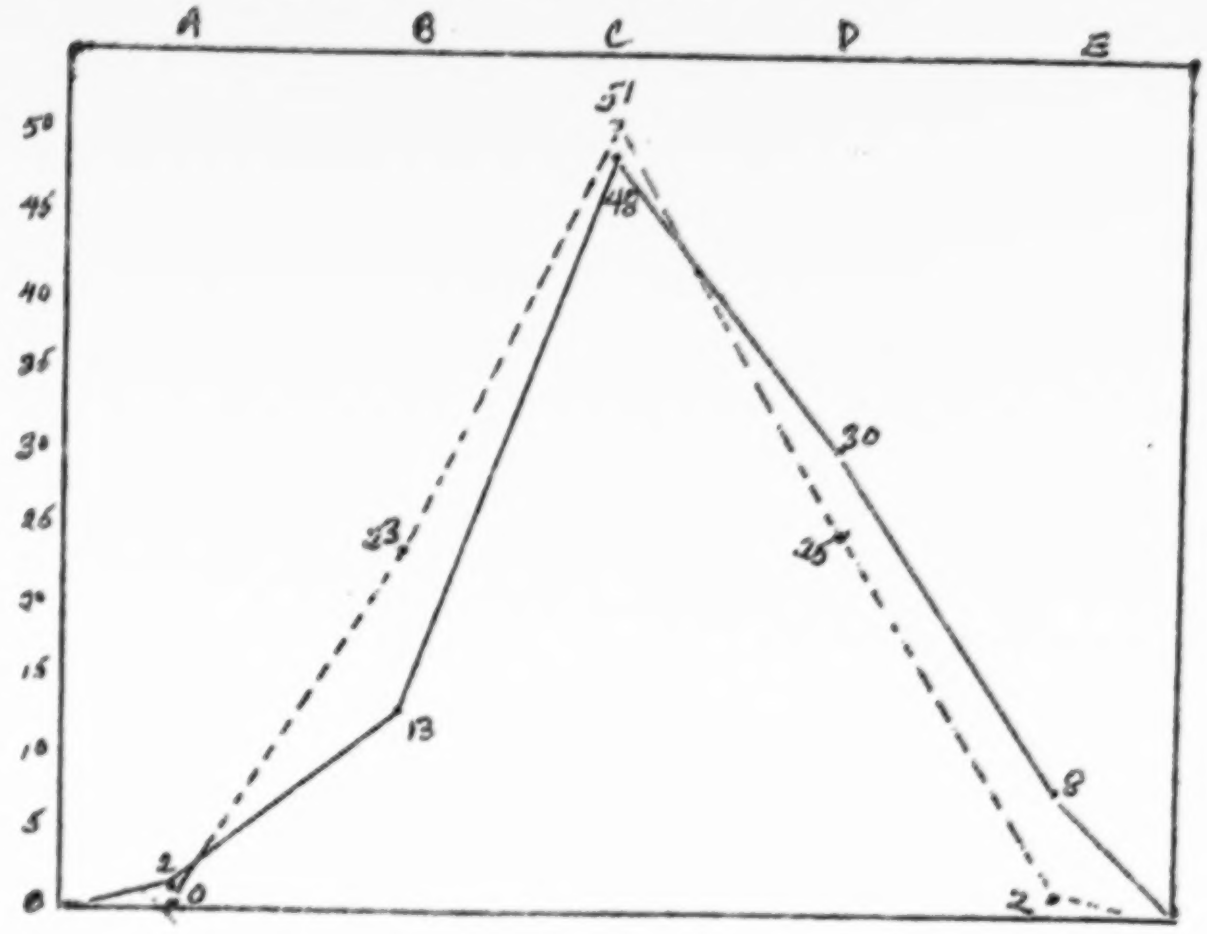
VI Emotional Security



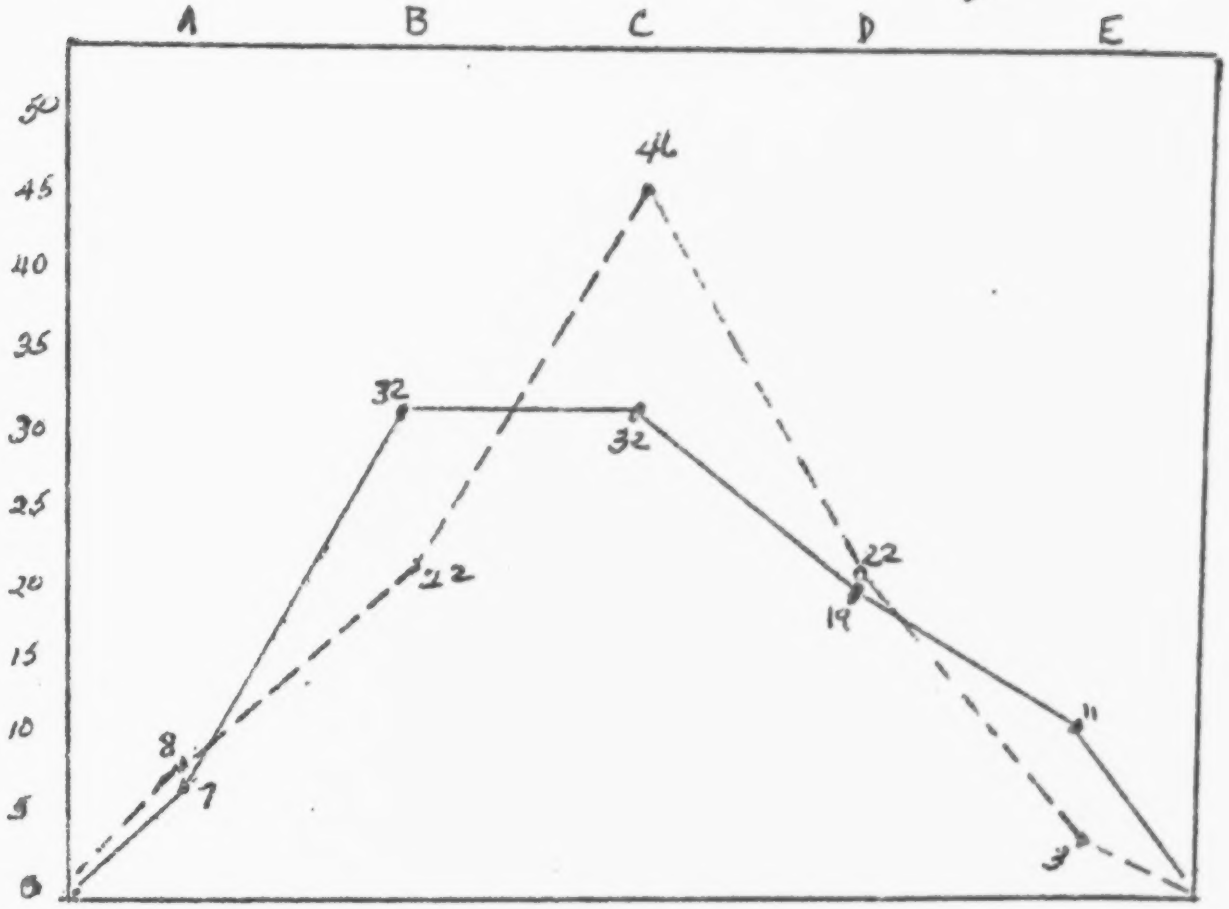
VII Motor Control + Stability



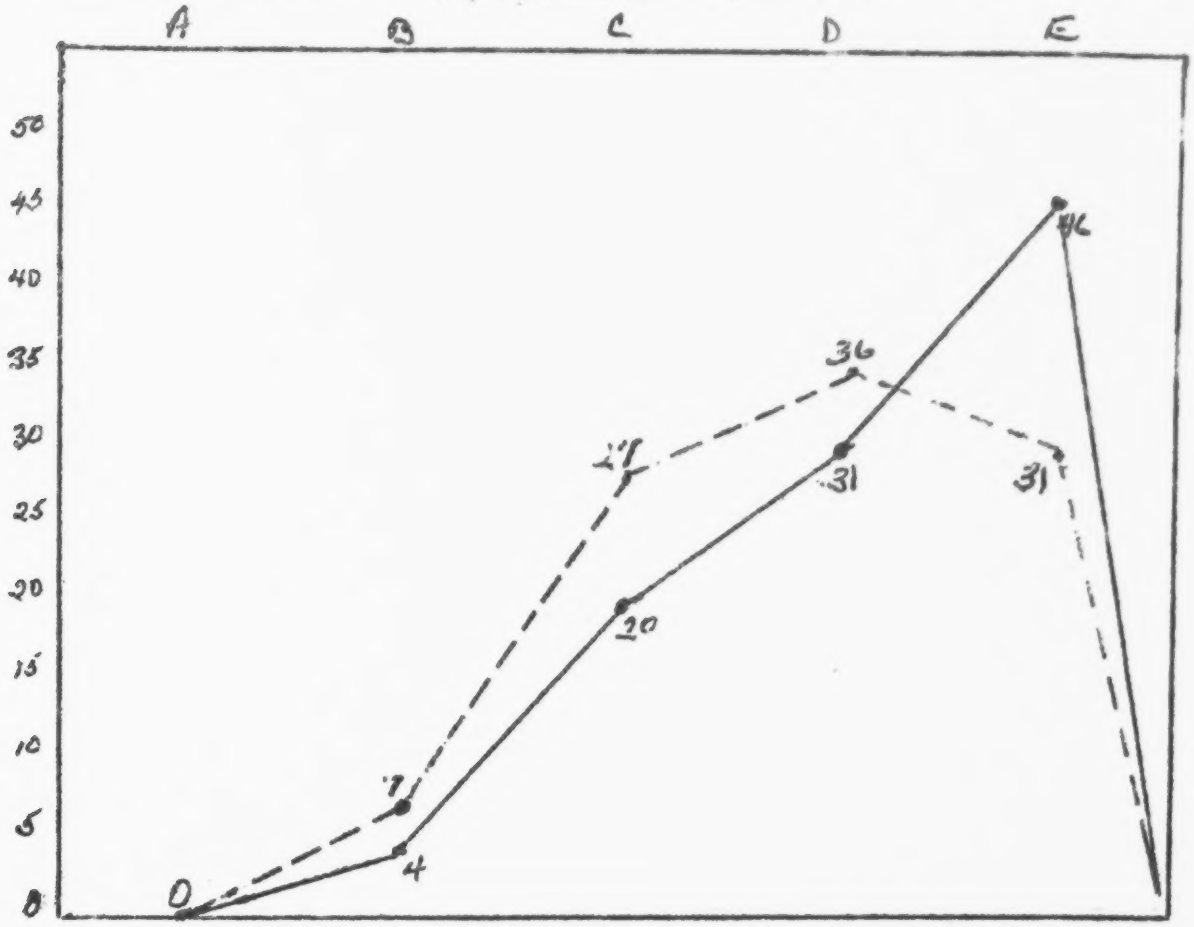
VIII Impulsiveness



IX Emotional Irritability



X Indoor Achievement



XI School Conduct